

The Commonwealth of Massachusetts

City of Fitchburg

APPLICATION FOR INSTALLER'S PERMIT

No. _____

Fee \$100

Date

To The Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name _____

Address _____

To construct, alter, install or repair individual

Sewage disposal systems

Signature of Applicant

Address

Telephone

Permit Expires: December 31,

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if Applicable)

** Social Security No. (Voluntary) or Federal I.D. No.

This license will not be issued unless this certification clause is signed by the applicant.

Your Social Security No. will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of MA. G.L. c. 62C s. 49A.